

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8			1	1		
9				1		
10				1		
11				1		
12				1		
13				0		
14				0		
15				1		
16				1		
17				1		
18				0		
19				0		
20				0		
21				0		
22				0		
23			1			
24						
25						
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27						
28			1			
29						
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31						
32			1			
33						
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47			1			
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53						
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72		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		104	1		
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8	1					
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23	1					
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27						
28	1					
29						
30		2				
31		2				
32	1					
33						
34						
35	1					
36						
37						
38						
39						
40	1					
41						
42		2				
43		2				
44	1					
45						
46						
47	1					
48						
49						
50						
TOTAL IND.			12			
TOTAL DEP.			35			
TOTAL CLAIMS			108			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
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55						
56						
57						
58						
59						
60						
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62						
63						
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66						
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72	1					
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92	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS